|  |  |  |
| --- | --- | --- |
|  |  |  |
| **Delivery Address**Ashlee Baird | **Sender** |  |
| Dunedin Centre | Company Name: |  |
| 1 Harrop Street | Contact Person: |  |
| Dunedin | Contact Phone Number: |  |
| New Zealand |  |  |
|  |  |  |
| **CONFERENCE BAG INSERTS** |
| **Event Name:** | **2WALKandCYCLE 2021** |
| **Event Date:** |  |
|  |
| **Venue:** | **The Dunedin Centre** |  |
|  |
| **Purpose:** | **CONFERENCE BAG INSERTS** |
|  |
| **Box Number \_\_\_\_\_\_\_\_\_\_ of \_\_\_\_\_\_\_\_\_** |  |  |
|  |
|  |
| Couriers: Please check in at reception upon arrival |
|  |